

the MSH bulletin

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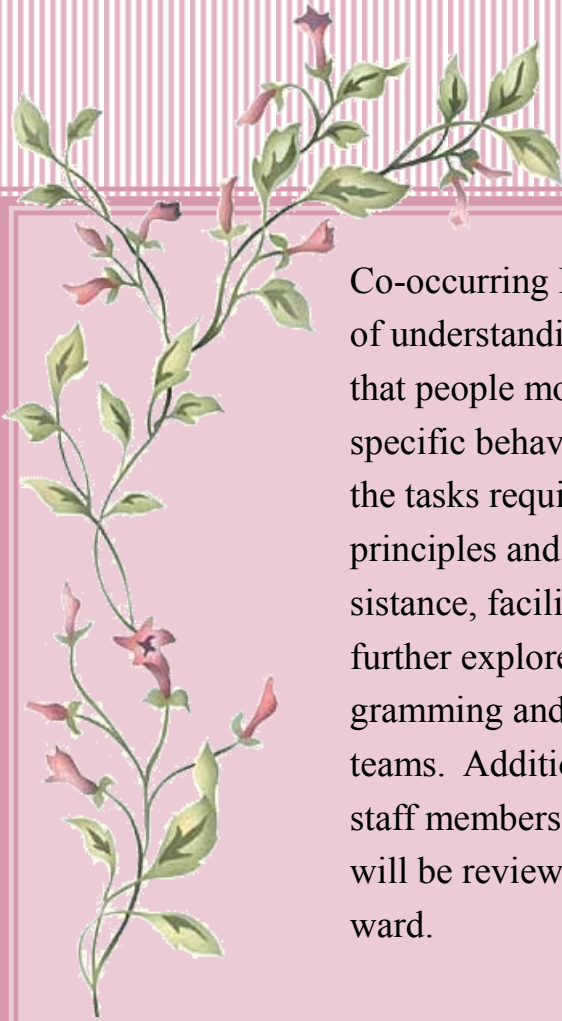
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Dr. Laura Moseng, MSH Staff Psychologist

Co-Occurring Stages of Change



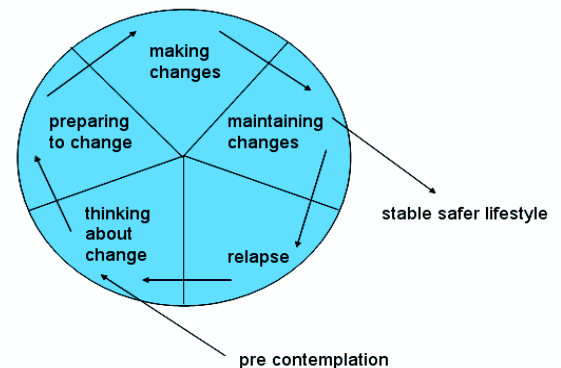
Co-occurring Disordered treatment often uses a Stage of Change Model of understanding treatment progression. Studies of change have found that people move through a series of stages when creating changes in specific behavior. While the time a person can stay in each stage varies, the tasks required to move to the next stage do not. Certain intervention principles and processes of change work best at each stage to reduce resistance, facilitate progress, and to prevent relapse. MSH will begin to further explore how stages of change can be applied within our programming and evidenced through our treatment planning and treatment teams. Additional trainings and information will be provided to help staff members begin to implement these ideas. Each stage of change will be reviewed over the next 5 weeks as we continue to move forward.

Stages of Change include the following stages:

1. Pre-contemplative – unaware or unable to identify problem
2. Contemplative – ambivalent about change
3. Preparation – preparation for change
4. Action – learning change skills
5. Maintenance & Relapse Prevention – keeping on task

'Stages of Change' Model 🗨️

Prochaska and DiClemente, 1992



Dr. Pamela Guthrie, MSH Staff Psychologist

DBT SKILL

Showing Up

Both staff and patients frequently tell me that mindfulness meditation is “not for” them, or too difficult, or that they simply do not see any benefit from it. The following excerpt of an article from wildmind.org addresses this complaint very eloquently. “The core skill of meditation is *showing up*.

It’s not always easy to do this. In fact it rarely is. Many people try meditating, experience the unruliness, and think “I’m obviously not cut out for meditation. I didn’t experience anything special. All I got was frustration.”

And that’s why we need to practice coming back to our experience over and over again. In doing this,

capacity to accept our ourselves. We dis- of experiences we whether we’re happy, the way we relate to

So we find that the

there’s something unpleasant going on in our experience, and instead of reacting to it we find we begin to accept it. The mind is less inclined to run from our core experience. It’s more likely to surround it with mindfulness, kindness, and curiosity.

And although this may not sound radical, it is. It’s radically different from the normal reactive state in which we keep running from our experience.

And if we keep doing this, we may find that we start to experience some of the special meditative states I mentioned earlier—which are characterized by calmness, joy, and ease. But those states are not the essence of meditation. They result from showing up, over and over again. They result from our continued gentle efforts to experience and accept our ordinary unruly mind.” ~ Bodhipaksa



What is Social Anxiety Disorder?

Social Anxiety Disorder, also called social phobia, is an anxiety disorder in which a person has an excessive and unreasonable fear of social situations. Anxiety (intense nervousness) and self-consciousness arise from a fear of being closely watched, judged, and criticized by others.

Many people with *social anxiety disorder* feel that there is "something wrong," but don't recognize their feeling as a sign of illness. Symptoms of social anxiety disorder can include:

- Intense anxiety in social situations
- Avoidance of social situations
- Physical symptoms of anxiety, including confusion, pounding heart, sweating, shaking, blushing, muscle tension, upset stomach, and diarrhea.

Children with this disorder may express their anxiety by crying, clinging to a parent, or throwing a tantrum.

Social anxiety disorder is the second most common type of anxiety disorder (after specific phobias) and the **third most common mental disorder in the U.S.**, after depression and alcohol dependence. An estimated 19.2 million Americans have social anxiety disorder. The disorder most often surfaces in adolescence or early adulthood, but can occur at any time, including early childhood. **It is more common in women than in men.**



There is no single known cause of social anxiety disorder, but research suggests that biological, psychological, and environmental factors may play a role in its development.

The most effective treatment currently available is cognitive behavioral therapy (CBT) and medication.

Joint Commission Readiness

Mitzi Lawson, Director of Quality Assurance

The Accreditation Process

I realized that I jumped forward when beginning this series on Joint Commission Readiness Information. I should have started by explaining the process of becoming accredited. I will cover the basics of the accreditation process in this article and then will return to the requirements of the standards in the next articles.

General Eligibility Requirements

Any health care organization may apply for Joint Commission accreditation as long as:

- The organization is in the United States or its territories or, if outside the United States, is operated by the US government or under a charter of the US Congress.
- The organization has a facility license or registration to conduct its scope of services, as required by law.
- The organization can demonstrate that it continually assesses and improves the quality of its care, treatment, and/or services.
- The organization identifies the services it provides directly, under contract, or through some other arrangement.
- The organization provides services that can be evaluated by The Joint Commission's standards.
- If the organization uses its Joint Commission accreditation for deemed status purposes, the organization meets the Centers for Medicare & Medicaid Services (CMS) definition of a *hospital*.
- Meets CMS requirements as set forth in "Appendix B: Special Conditions of Participation for Psychiatric Hospitals" (AXB) for information about psychiatric hospitals that use accreditation for **deemed status** purposes.

MSH uses Joint Commission surveys for **deemed status** purposes. This means that during our tri-annual surveys, the Joint Commission surveyors review our policies, procedures and services to assure that we meet the requirements of the CMS Medicare program or other federal laws.

Scope of Accreditation Surveys

The Joint Commission evaluates all health care services provided by the organization for which The Joint Commission has standards and makes an accreditation decision for each accreditation program surveyed. During a survey, an organization must be prepared to provide evidence of its compliance with each applicable standard. To attain accreditation, an organization must demonstrate overall compliance with the standards and their elements of performance (EPs).

In addition to using standards and EPs, The Joint Commission also surveys organizations by using APRs, performance measurement data (ORYX data), and the Joint Commission National Patient Safety Goals.

Used in conjunction with the standards, these requirements help surveyors to assess an organization's performance.



The Chaplain's Pen

MSH Chaplain, Howie Cutshall, M.A.

More *Jesus*
Less Drama

Less Selfishness

Less Complaining

Less Bitterness

Less Gossip

Less Pride

Less Anger

Less Me

Pics.LordsPlan.com



In order to better serve the hospitals needs, effective 04/01/2016 all **IT Helpdesk requests *must*** be called in to the Helpdesk @ 7245.

Only in cases of extreme emergency should you contact IT staff directly.



Thank you!

William (Curt) Vanderbur

LAN Administrator



“People often ask me if
I know the secret of
success, and if I could
tell others how to make
their dreams come true.

My answer is...

You do it by working.” ~ Walt Disney



Hello April



Only 4 evening appointments left for the **Vitality Check at Madison State Hospital on 4/25/16**, however, there is an open Vitality Check at the Jefferson County DCS office on Hutchinson Lane on Thursday June 16, 2016 in the morning from 7:30-11:30am.

Check your email from *Wellness Champion, Diana Keith* sent 3/30/16 for details about how to register.



The logo for Humana Vitality. "Humana" is in a green, sans-serif font, and "Vitality" is in an orange, cursive script font with a registered trademark symbol.

MSH Security reminds everyone who does not have a **parking permit**, to please pick one up before **4/11/16** in Human Resources.

This includes Aramark employees.

After this date, Security will start issuing tickets, and a copy will go to your supervisor.

Thank you for your cooperation!



Thank you ...

*I wanted to thank everybody for the
thoughts, prayers, cards, and kind words
while I was off during my surgery.*

Thank you, Ashly Wingham

Congratulations

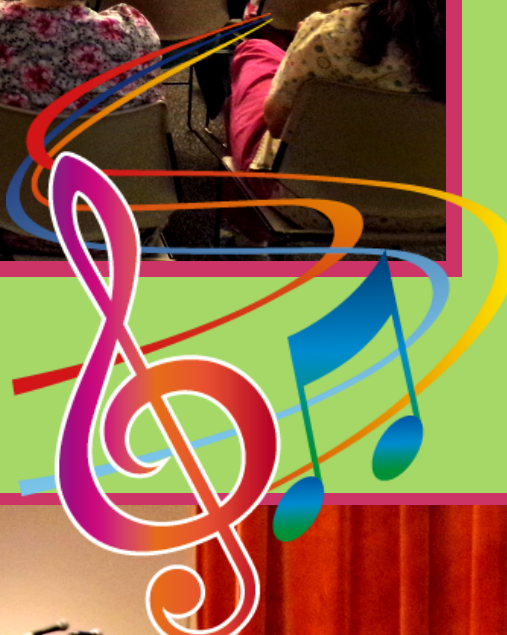
*Congratulations to Rebecca Robinson
on her recent marriage!*

*Rebecca and Jason Yoder married
on March 25, 2016
in North Myrtle Beach, SC.*





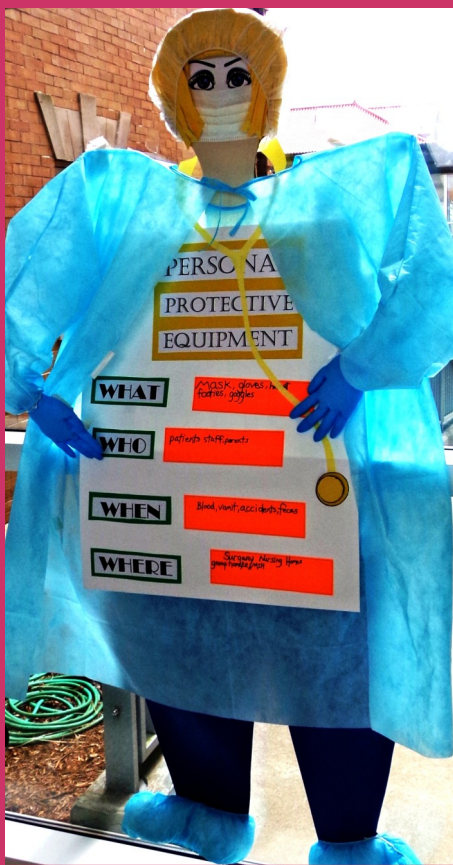
Patient Talent Show



The MSH Patient Talent Show was a big hit last week. Several patients demonstrated their various talents. It was very well attended by patients and staff!

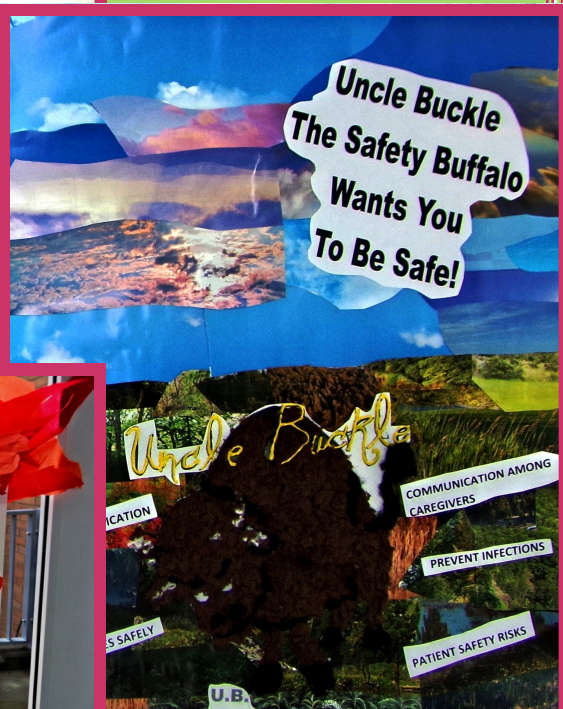
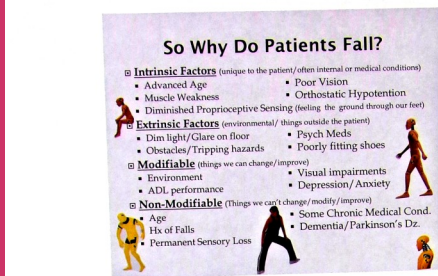
RT Director, Deb Farris was the MC. Thanks to Kim Sexton, RT, and Brent Adams, RTA, for coordinating this special event!





Creativity and Color Abounds!

Each unit participated in the Patient Safety Poster Contest. As you can see, imagination and hard work went into this project. Thank you to the Rehab Dept. for assisting the patients in this important activity!



Recovery Road (directly above) was the winner!

Birthday-Cake Fudge



INGREDIENTS

- 1 14 oz. can sweetened condensed milk
- 1/2 c. yellow or funfetti cake mix
- 2 c. white chocolate chips
- rainbow sprinkles

DIRECTIONS

1. Pour sweetened condensed milk and cake mix into a large bowl, stirring to combine. Add white chocolate chips, then microwave in 1-minute intervals, stirring in between, until fully melted. Fold in sprinkles, being careful not to stir too much (or the sprinkles' coloring will melt into the fudge, creating a grayish tint).
2. Pour mixture into an aluminum foil-lined 8"x 8" baking dish (the foil will make it easier to pull out later). Top with additional sprinkles.
3. Refrigerate for at least 2 hours, or until set. Cut into 1" bars and serve.





The Indiana Tobacco Quitline is an evidence-based intervention.

The Indiana Tobacco Quitline 1-800-QUIT-NOW (800-784-8669) is a free phone-based counseling service that helps Indiana tobacco users quit. Funded by the Indiana Tobacco Prevention and Cessation Agency, the Indiana Tobacco Quitline offers experienced professional Quit Coaches® trained in cognitive behavioral therapy.

Health care providers and employers who utilize the Quitline's fax referral system experience a quick and efficient way to refer their patients and employees for help with quitting tobacco. The fax referral system provides:

- Intensive counseling options often not feasible in a busy clinic environment or available at a worksite
- A brief, easy to use form
- An initial call made by the Quit Coach™ instead of the tobacco user



Colorectal cancer risk halved with more than 2.5 coffee servings daily

In the US, colorectal cancer is the second most common cancer among men and women combined, excluding skin cancer, with more than 95,000 new cases of colon cancer and 39,000 new cases of rectal cancer expected to be diagnosed this year.

The American Cancer Society state that the lifetime risk of developing colorectal cancer is 1 in 21 for men and 1 in 23 for women.

But according to this latest research, one of America's favorite beverages - coffee - could have a protective effect against the disease.

The researchers found that drinking one to two servings of coffee a day - defined as moderate coffee consumption - reduced the risk of colorectal cancer by 26%, compared with participants who drank less coffee.

And the risk reduced even further with an increase in coffee intake; participants who consumed more than 2.5 servings of coffee daily had up to a 50% lower risk of colorectal cancer.

Not only did these findings remain after accounting for known colorectal cancer risk factors, but the researchers also found that the reduced risk was seen across all coffee types - even decaffeinated.

"We were somewhat surprised to see that caffeine did not seem to matter," says Dr. Gruber. "This indicates that caffeine alone is not responsible for coffee's protective properties."



Fast facts about coffee

- Around 54% of American adults drink coffee every day
- 65% of Americans drink their coffee with breakfast
- The US spends around \$40 billion on coffee each year.



For the complete article, see the link below for **Medical News Today**.

<http://www.medicalnewstoday.com/articles/308574.php>

